

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

**Complaints and Concerns,
Information and Referrals,
Investigations
and Medicaid Appeals**

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

January to March 2006



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GLOSSARY

AP/LME	Area Program/Local Management Entity
CAP-MR/ DD	Community Alternatives Program for Persons with Mental Retardation/ Developmental Disabilities
CSCR	Customer Service and Community Rights Team
DHHS	Department of Health and Human Services
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
LME	Local Management Entity
OAH	Office of Administrative Hearings
TBI	Traumatic Brain Injury

Customer Service Terminology

The following terms are used in this report:

- 1) “Case” refers to an individual issue brought to the attention of staff members. There are four types of cases:
 - A. “Complaints/Concerns” are informal expressions of dissatisfaction.
 - B. “Information/Referrals” are either direct requests for information or requests regarding an agency, group, person or service.
 - C. “Medicaid Appeals” refer to Medicaid recipients filing appeals to DMH/DD/SAS, in accordance with Federal Law (42CFR 431. Sub-Part E) and DMH/DD/SAS policy.
 - D. “Investigations” are formal inquiries into allegations of a violation of a law, rule or policy in a community setting.
- 2) “Contacts” are the responses by CSCR team members to any call or communication.
- 3) “Issues” are the content categories of Complaints/Concerns, Information/Referrals or Investigations.

Private Health Information

The CSCR team adheres to Federal and State laws pertaining to confidentiality of private health information (N.C. General Statutes 122-C 52 to 56, 45 CFR Parts 160 and 164 and 42 C.F.R. Part 2).

EXECUTIVE SUMMARY

- The CSCR Team responded to 1132 Complaint/Concern, Information/Referral, Medicaid Appeal and Investigation requests during this report period (page 7).
- The CSCR Team received 75 requests to file Medicaid Appeals during this report period.
- There was a 409 percent increase in the total number of cases during the last 30 months (page 9).
- The average number of responses from the CSCR Team to address Complaint/Concern, Information/Referral and Investigations is two follow-up activities and the average number of responses per Medicaid Appeal cases is five (page 10).
- The most common sources of Complaints/Concerns, Information/Referrals and Investigations continue to be family members and consumers (page 12).
- “Access to services” remained the most prevalent concern with more than seven times the volume of “service definitions” concerns, the next highest categories (pages 14,15 and 16).
- Cases involving substance abuse issues were the most prevalent and cases involving mental health issues were the next most prevalent type of cases. The third most prevalent type of cases involved persons with a dual diagnosis of mental health and developmental disabilities. Cases involving persons with a developmental disability were the fourth most prevalent and cases involving persons with multiple diagnosis of mental health, developmental disabilities and substance abuse issues were the fifth most prevalent type of cases. Persons with a dual diagnosis of mental health and substance abuse and persons with a diagnosis of traumatic brain injury issues represented one percent of the cases (page 17).
- A slightly higher percentage of cases concerned female consumers (44 percent) than male consumers (41 percent). Fifteen percent of the cases were not applicable to a specific consumer (page 18).
- Complaint/Concern and Information/Referral requests were filed by individuals from all geographic regions in North Carolina. The average number of cases per AP/LME was 32 (page 19).
- Family and friends referred the majority of the investigations through information in complaints, concerns and allegations of rights violations (page 23).

- Two investigations involved consumers with mental health services and two investigations involved consumers of developmental disability services. There was one investigation (17 percent) that involved a consumer with dual diagnosis of mental health and developmental disabilities (page 24).

INTRODUCTION

The following quarterly report is a statistical summary describing the work of the Customer Service and Community Rights Team (CSCR), Advocacy and Customer Service Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The report covers the third quarter of the 2005/2006 fiscal year which includes the months of January, February and March 2006.

The Customer Service and Community Rights Team

The team consists of a team leader, a support staff person and five professional staff, each with a Master's degree in a clinically related field. The team has four key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints and concerns, and Medicaid appeals (42CFR 431. Sub-Part E),
- To provide follow-up on submitted critical incident reports² and
- To monitor the community customer service system.

The team receives calls, letters and emails each day from a variety of direct and indirect sources. Direct sources include consumers, families, guardians, friends and advocacy groups. Indirect referral sources include the DMH/DD/SAS website, Department of Health and Human Services (DHHS) Office of Citizen Services Care-Line, Department of Social Services website, other DMH/DD/SAS sections and AP/LME staff. The team members typically respond by 1) providing information to the inquiring party, 2) referring the party to an appropriate agency and contact person (usually the AP/LME) or 3) researching the answer and providing direct assistance.

Each CSCR team member responds to all calls the same or next possible business day. Team members continue to communicate with all parties until the issue is resolved or the appropriate agency is providing assistance.

All cases addressed by the CSCR Team are tracked in Access software and analyzed periodically for special requests and scheduled reports. Information from the reports is used to provide recommendations for systemic changes to mental health, developmental disabilities and/or substance abuse services.

We hope the information in this report provides a useful overview of data relating to Complaints and Concerns, Information and Referrals, Investigations and Medicaid Appeals received by this Team. We welcome any input as to how this report might be improved and/or made more relevant and useful to you.¹

¹ Please contact Glenda Stokes (glenda.stokes@ncmail.net) or Stuart Berde (stuart.berde@ncmail.net) with any suggestions or questions. Staff members and Advocacy and Customer Service Section Chief, Chris Phillips, may be reached at (919) 715-3197 or toll-free at 1-800-662-7030.

² Additional information regarding Incident Reporting may be obtained from the Quarterly Critical Incident Reports on the DMH/DD/SAS website at <http://www.dhhs.state.nc.us/mhddsas/statspublications/index.htm>.

PART I: COMPLAINTS/CONCERNS, INFORMATION/REFERRALS, INVESTIGATIONS AND MEDICAID APPEALS

This report describes the four types of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) addressed by the Customer Service and Community Rights Team and is divided into four sections. Section A provides information about the volume of all cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals) and Section B is a detailed description of the Complaints/Concerns, Information/Referrals and Investigations. Section C tracks the location of the Complaint/Concern and Information/Referral cases and Section D provides information about Investigations.

Section A - Volume of cases (Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals)

Table 1 – Total Cases Addressed Between January and March 2006

Case Type	Number of Cases	% of Total
Information/Referrals	822	73%
Complaints/Concerns	230	20%
Medicaid Appeals	75	7%
Investigations	5	Less than 1%
Total	1132	100%

Table 1 lists the total number of cases and the types of cases that team members addressed from January to March 2006. Individuals make issues known to the team through direct calls, e-mails or letters. Although some cases are open over the course of several months due to the complexity of the issues, the "**Total**" represents the unduplicated count of cases for the three-month period. There were 822 (73 percent) Information/Referral cases and 230 (20 percent) Complaint/Concern cases. Team members also addressed 75 Medicaid Appeal requests (seven percent) and 5 Investigations (less than one percent) between January and March 2006.

Table 2 - Historical Case Comparisons Between October and December 2005 and January and March 2006

Case Type	October to December 2005	January to March 2006
Information/Referrals	830	822
Complaints/Concerns	148	230
Medicaid Appeals	57	75
Investigations	6	5
Total	1041	1132

Figure 1 - Historical Case Comparisons Between October and December 2005 and January and March 2006

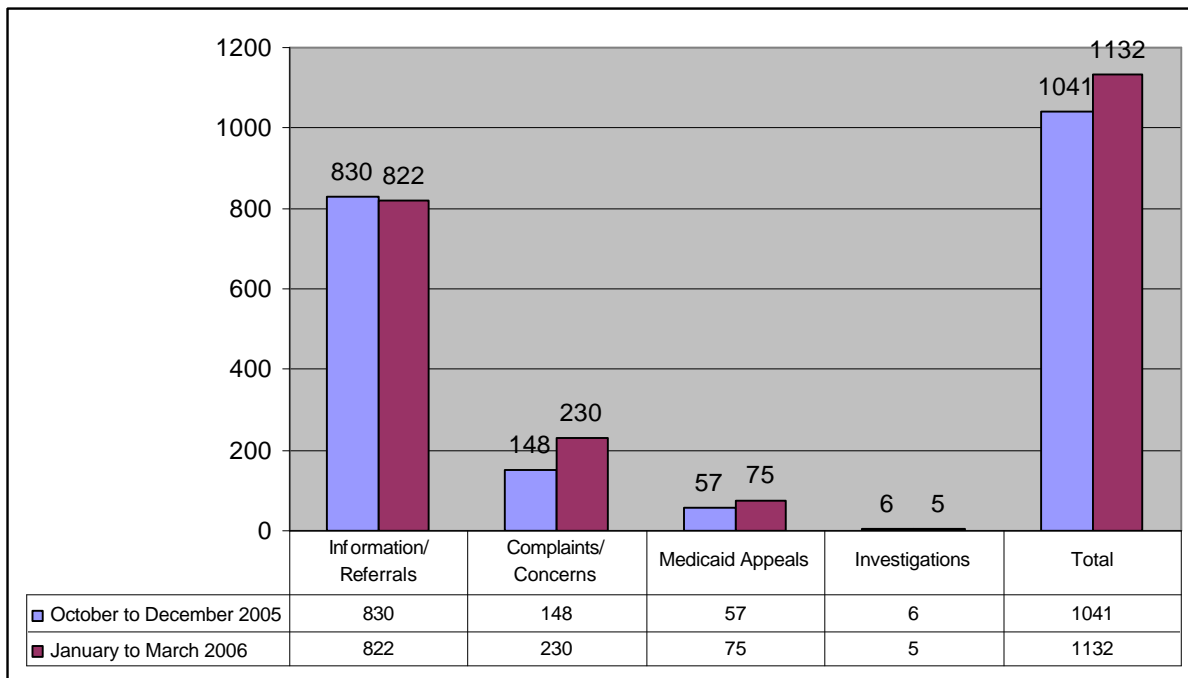


Table 2 and Figure 1 list the total number of cases and the types of cases that team members addressed between October and December 2005 and January and March 2006. During the six month period of October 2005 to March 2006, 1041 cases were addressed from October to December 2005 and 1132 cases were addressed from January to March 2006. The number of Information/ Referrals decreased from 830 cases from October to December 2005 to 822 cases from January to March 2006 and the number of Complaints/Concerns increased from 148 in October to December 2005 to 230 from January to March 2006. Medicaid Appeals increased from 57 in October to December 2005 to 75 in January to March 2006 and the number of Investigations decreased from 6 in October to December 2005 to five from January to March 2006.

Table 3 – Customer Service And Community Rights Average Monthly New Cases

Time Period	Average Monthly New Caseload
October to December 2003	74 per month
January to June 2004	78 per month
April to June 2004	87 per month
July to September 2004	122 per month
October to December 2004	152 per month
January to March 2005	200 per month
April to June 2005	246 per month
July to September 2005	300 per month
October to December 2005	347 per month
January to March 2006	377 per month

Figure 2 - Customer Service And Community Rights Average Monthly New Cases

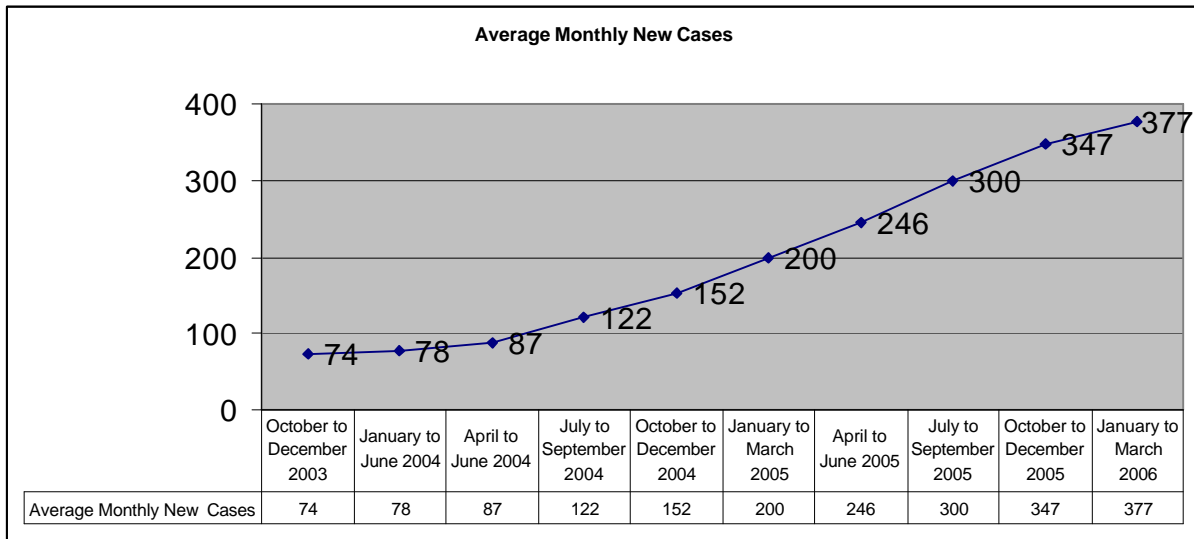


Table 3 and Figure 2 indicate that the volume of Customer Service and Community Rights new cases has increased considerably in the 30 months. The average monthly number of new cases from October to December 2003 was 74 per month, while from January to March 2004 the average was 78 per month. From April to June 2004, the average monthly number of new cases was 87 per month and from July to September 2004 there was an average of 122 new cases per month. There was an average of 152 new cases from October to December 2004 and from January to March 2005 there was an average of 200 new cases. From April to June 2005, there was an average of 246 new cases per month and from July to September 2005 there was an average of 300 new cases. From October to December 2005, there was an average of 347 new cases per month and an average of 377 new cases per month in January to March 2006. **As a result, there was a 409 percent increase in the average monthly case load over the 30 month period.**

Table 4 - Average Total of Monthly Responses Per Complaint/Concern, Investigation, Information/Referral and Medicaid Appeal from January to March 2006

Types of Cases	Contact Responses	Number of Cases	Average Monthly Responses per Case
Complaint/Concern, Information/Referral and Investigation Response	2578	1057	2
Medicaid Appeal Responses	346	75	5
Total	2924	1132	3

Responses by the CSCR Team refer to the number of staff responses or contacts to Complaints/Concerns, Information/Referrals, Investigations and Medicaid Appeals. Each “response” is an action by staff to address the case. A response may be by phone, e-mail or letter. Due to the complexity of many of the cases, CSCR team members usually make several calls or other contacts in order to obtain the appropriate information or to identify a contact person for the individual.

The CSCR team members try to redirect complaints to the AP/LME Customer Service staff or to another AP/LME staff person, such as a Provider Relations Coordinator.³ After receiving a call, a CSCR team member contacts the AP/LME Customer Service staff member and asks the staff member to contact the original caller and to follow up with the CSCR team member.

Since several responses were required for each of the 1132 cases of Complaints/Concerns, Information/ Referrals, Investigations and Medicaid Appeals, there were 2924 identified responses for these cases. There were 346 total identified responses for the 75 Medicaid Appeal cases. The average monthly number of responses per each Medicaid Appeal was five and the average monthly number of responses for each of the other types of cases was three.

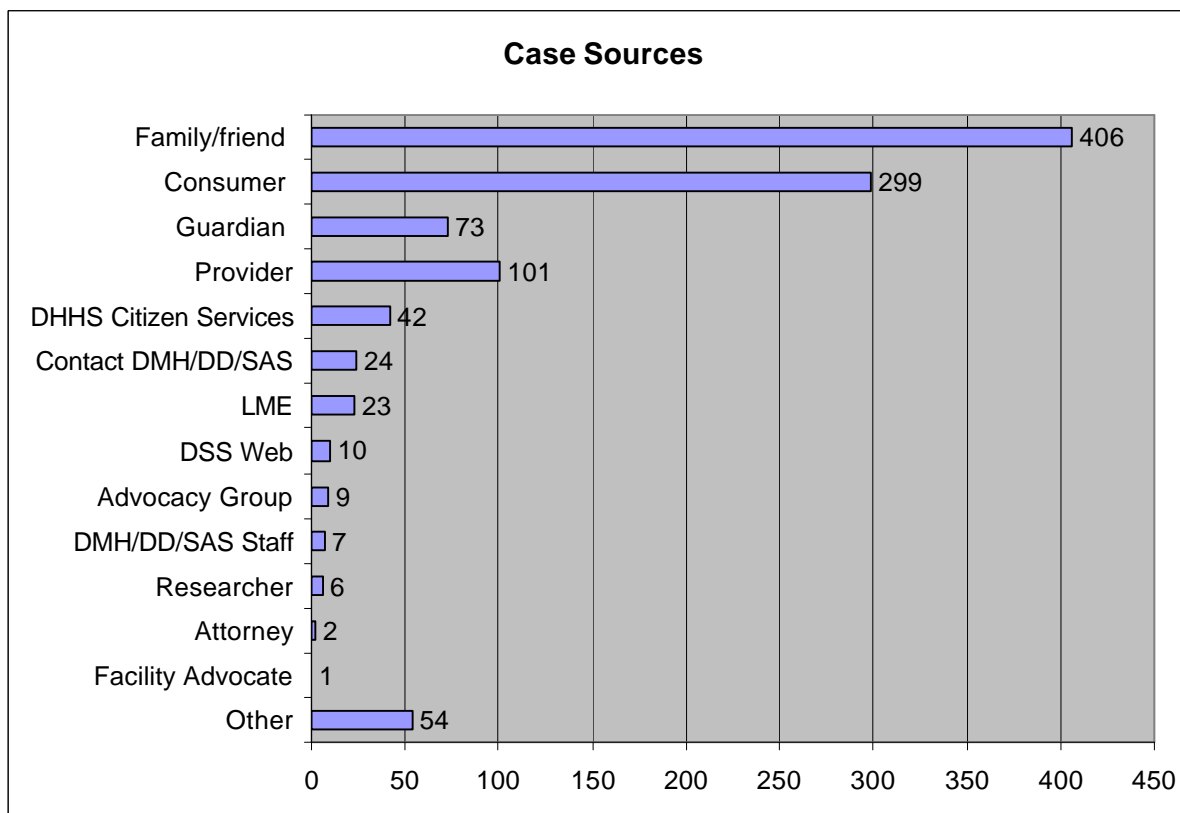
³ AP/LMEs designate a Customer Service staff person to assist complainants at the local level. Names of these individuals can be found in the North Carolina Council of Community Programs Directory. A copy of the North Carolina Council of Community Programs Directory is available by calling (919) 327-1500.

Section B - Detailed Description of the Complaints/Concerns, Information/Referrals and Investigations

Table 5 - Case Sources From January to March 2006

Source Type	Number of Cases	% Of Total
Family/friend	406	38%
Consumer	299	28%
Guardian	73	7%
Provider	101	10%
DHHS Citizen Services	42	2%
LME	23	2%
Contact DMH/DD/SAS	24	1%
DSS Web	10	1%
Advocacy Group	9	1%
DMH/DD/SAS staff	7	1%
Researcher	6	1%
Attorney	2	Less than 1%
Facility Advocate	1	Less than 1%
Other	54	6%
Total	1057	100%

Figure 3 - Case Sources From January to March 2006



Case Sources: The Customer Service and Community Rights Team received Complaint/Concern, Information/Referral and Investigation requests from 14 different sources which are listed in Table 5 and Figure 3. The North Carolina Department of Health and Human Services Office of Citizen Services (CARE-LINE) has a toll-free number (1-800-662-7030) for citizens and is a state-wide information resource. Calls to the Office of Citizen Services related to DMH/DD/SAS issues are directly forwarded to the CSCR staff. Along with direct requests from the general public, government officials most often forward their local correspondence regarding DMH/DD/SA services to the staff at Office of Citizen Services who, in turn, forward these issues to the CSCR team.

Consumers and their families, friends and/or guardians accounted for 778 (73 percent) of the 1057 Complaint/Concern, Information/Referral or Investigation cases. Family/friends initiated 406 (38 percent), consumers initiated 299 (28 percent) and guardians initiated 73 (seven percent) of the total complaints/concerns, information/referrals and investigations. Providers initiated 101 cases (seven percent) while the North Carolina DHHS Office of Citizen Services (42) and LME staff (23) were each sources of two percent of the cases. One percent of the cases came from each of the following: the contactdmh website (24), the DSS website (10), advocacy groups (9), DMH/DD/SAS staff (7) and researchers (6). Attorneys (2) and a facility advocate (1) represented less than one percent of the total case sources. Fifty-four cases are in the “other” category and were six percent of the total cases.

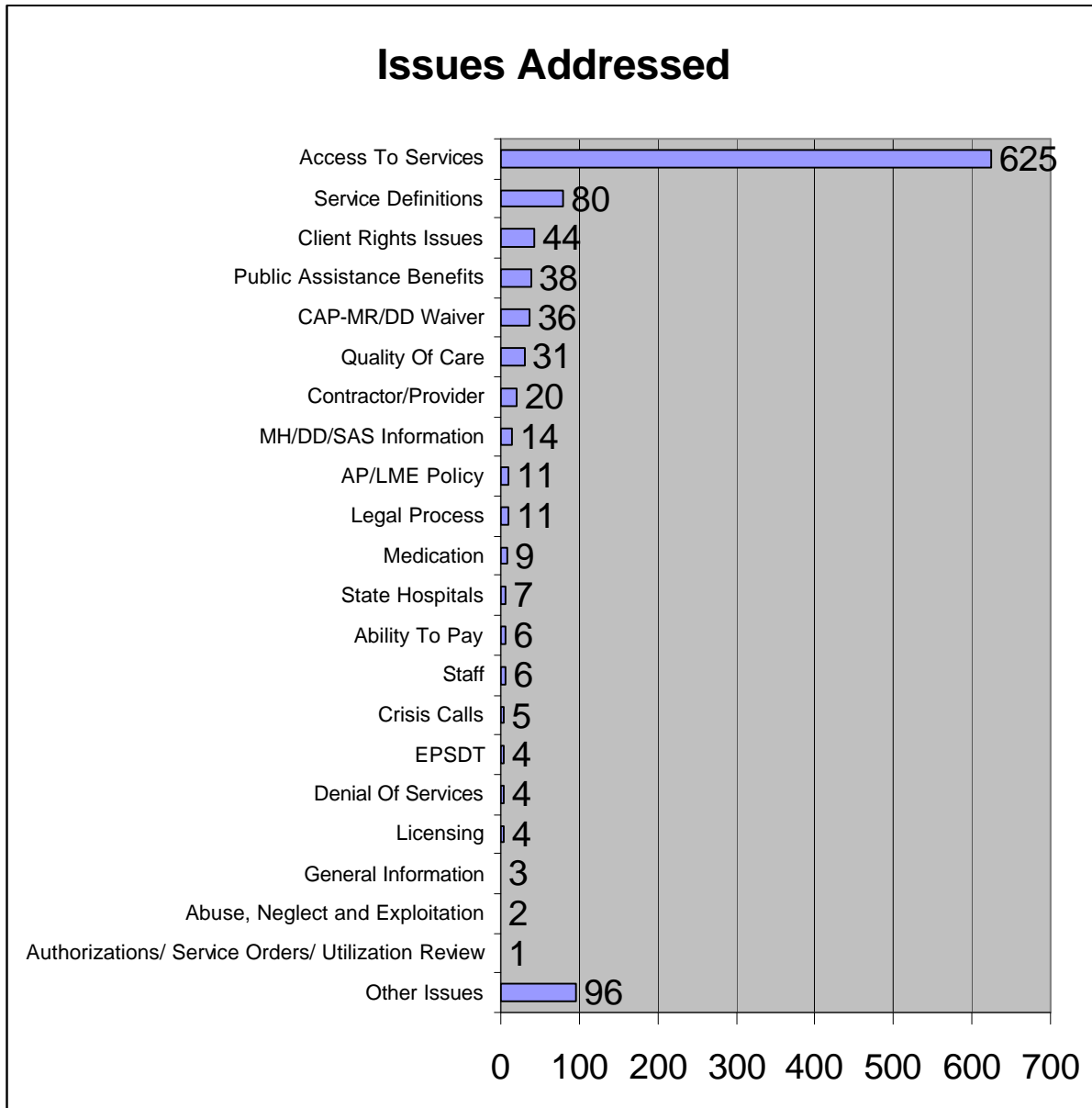
Table 6 - Issues Tracked in Complaint/Concern, Information/Referral and Investigation Cases

Issue	Definition/Comment
Abuse Neglect and Exploitation	<i>By law, suspicion of this activity is referred to the local Department of Social Services and applicable licensing agencies.</i>
Ability to Pay	<i>Concerns over a consumer's financial obligation</i>
Access to Services	<i>Requests for services</i>
AP/ LME Policy	<i>Disputes over AP/LME administrative or service policy</i>
Authorization/ Service Orders/ Utilization Review	<i>Includes information about the process as well as complaints about the process</i>
Public Assistance Benefits	<i>Disability benefits questions (SSI, Special Assistance, Medicare, Medicaid, etc.)</i>
Crisis Calls	<i>Calls that indicate an urgent crisis</i>
Denial of Services	<i>Concerns over a denial of a non-Medicaid service</i>
Education/Department of Public Instruction	<i>Information requested regarding education or school issues</i>
General Information	<i>Information provided regarding general issues such as contact names and numbers for other state and local agencies or programs such as DSS, DFS, SSI, Medicaid, etc.</i>
MH/DD/SAS Information	<i>Information requested regarding any rules, statutes, manuals, forms, DMH/DD/SAS policies, communication bulletins, reform processes, service definitions, statistics or staffing issues</i>
Legal Process	<i>Includes information on any legal issue/process such as guardianship, custody, involuntary commitment, etc. Information about the process is provided, but no legal advice is provided.</i>
Licensing	<i>Information regarding licensing or certification for MH/DD/SA services</i>
Medicaid Audit/ Compliance	<i>Information regarding Medicaid audits, documentation and compliance issues</i>
CAP-MR/DD Waiver	<i>Questions/issues/ information regarding Waiver program policy or procedure</i>
Medication	<i>Includes the need for refills, information on medication, re-checks, inability to pay for medications, etc.</i>
Contractor/Provider	<i>Issues related to provider performance or policy</i>
Client Rights	<i>Alleged violations of rights in law or administrative rule</i>
Quality of Care	<i>Dissatisfaction or questions concerning the quality, appropriateness or level of service</i>
Staff	<i>Cases regarding personnel issues are directed to the appropriate Area Program/LME, Provider or State facility staff.</i>
State Hospitals	<i>Information provided to assist/connect consumers and/or families when a family member is in the hospital. For example, allegations of abuse and/or neglect that allegedly occurred during hospitalization or personnel issues.</i>
Service Definitions	<i>Questions/issues/ information regarding new service definitions</i>
Other	<i>When current categories are not inclusive of the presenting issue</i>

Table 7 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Investigations and Information/Referrals From January to March 2006

Issue	Total	% of Total
Access To Services	625	59%
Service Definitions	80	8%
Client Rights Issues	44	4%
Public Assistance Benefits	38	4%
CAP-MR/DD Waiver	36	3%
Quality Of Care	31	3%
Contractor/Provider	20	2%
MH/DD/SAS Information	14	1%
AP/LME Policy	11	1%
Legal Process	11	1%
Medication	9	1%
State Hospitals	7	1%
Ability To Pay	6	1%
Staff	6	1%
Crisis Calls	5	Less than 1%
EPSDT	4	Less than 1%
Denial Of Services	4	Less than 1%
Licensing	4	Less than 1%
General Information	3	Less than 1%
Abuse, Neglect and Exploitation	2	Less than 1%
Authorizations/ Service Orders/ Utilization Review	1	Less than 1%
Other Issues	96	9%
Grand Totals	1057	100%

Figure 4 - Overall Total of Primary Issues Addressed in Complaints/Concerns, Information/Referrals, Investigations and From January to March 2006



Issues Addressed: Table 6 describes the issue categories most commonly addressed. The Complaint/Concern, Information/Referral and Investigation cases encompass a wide variety of issues. Table 7 and Figure 4 list the distribution of primary issues noted in Complaints/Concerns, Information/Referrals and Investigations. Contacts were made concerning a wide range of issues. By far the highest number (625 or 59 percent) of issues fall under the category of “access to services,” which is defined as a request for services. Consumers and family members often request access information regarding an agency or service. Examples include substance abuse detoxification centers, treatment services for children and adults, drug education school classes, etc. Team members provide service information but primarily refer people to the local AP/LME customer service coordinator. After a referral, the local customer service coordinator will provide case updates and resolution information to the CSCR team.

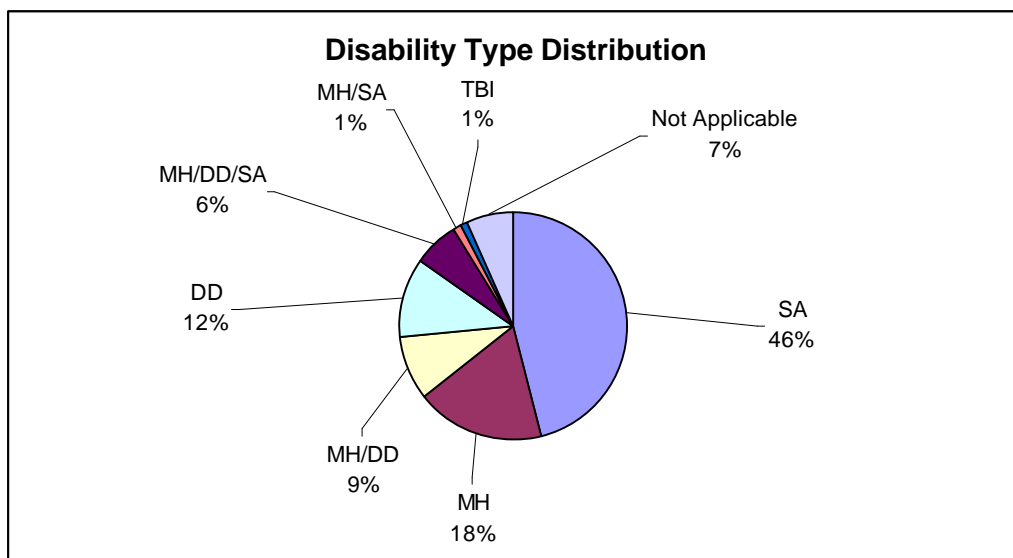
The next most prevalent category of cases was requests for information about service definitions which had 80 cases (eight percent) which had 51 cases (five percent). Four percent of the cases were regarding client rights issues (44) and public assistance benefits (38) and three percent were CAP-MR/DD issues (36) and quality of care issues (31). Contractor/provider issues (20) represented two percent of the cases and each of the following represented one percent of the cases: information on mh/dd/sas (14), AP/LME policy issues (11) legal issues (11) medication (9), state hospitals (7), ability to pay (6) and staff (6). Crisis calls (5), Early and Periodic Screening, Development and Treatment (4), denial of services (4), licensing (4), general information (3), abuse, neglect and exploitation (2) and authorization/service orders/utilization reviews (1) each represented less than one percent of the cases.

Ninety-six cases are in the “other” category and represent nine percent of the total cases. Examples include requests for information on housing, employment and obtaining records from another agency.

Table 8 - Disability Group Distribution of Cases from January to March 2006

Disability	Total	% of Total
SA	488	46%
MH	194	18%
MH/DD	92	9%
DD	122	12%
MH/DD/SA	68	6%
MH/SA	15	1%
TBI	8	1%
Not Applicable	70	7%
Total	1057	100%

Figure 5 - Disability Group Distribution of Cases from January to March 2006



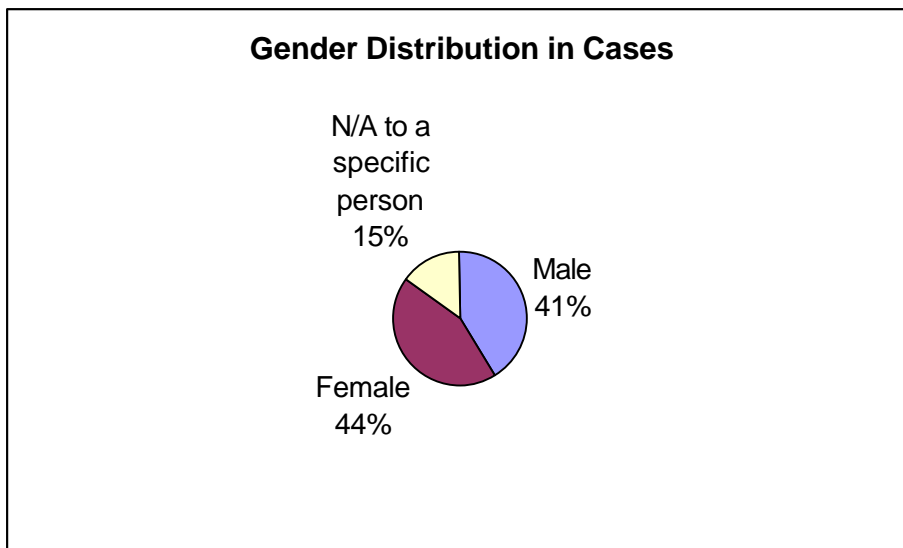
Disability Type Representation: Table 8 and Figure 5 show disability groups that were represented in the 1057 cases. For each case, the CSCR team records the disability area addressed by the referral source.

Consumers of substance abuse services cases represented 488 (46 percent) of the total. The next most prevalent disability group was consumers with mental health concerns with 194 (18 percent) of the cases. Ninety-two cases (nine percent) were related to a dual diagnosis of MH/DD and 122 (12 percent) were regarding individuals with a developmental disability. Sixty-eight cases (six percent) were related to multiple MH/DD/SAS issues and 15 (one percent) were related to dual diagnosis of MH/SA issues. Eight cases (one percent) were related to Traumatic Brain Injury (TBI) and seventy cases (seven percent) were not applicable to any particular disability group.

Table 9 - Gender Distribution of Issues from January to March 2006

Gender	Number	% of Totals
Female	461	44%
Male	434	41%
N/A to a specific person	162	15%
Total	1057	100%

Figure 6 - Gender Distribution of Issues for January to March 2006



Gender Distribution: Table 9 and Figure 6 indicate the gender distribution for the 1057 total cases from January to March 2006. For each case, the CSCR team either records the gender of the consumer referenced by the referral source or indicates “not applicable” when the issue is not directly related to services for a specific individual. Examples of issues not applicable to a specific person would be issues such as licensing, service definitions, legal processes, rules or advocacy groups.

Four hundred and sixty-one cases (44 percent) involved females and 434 (41 percent) involved males. One hundred and sixty-two cases (15 percent) were not applicable to a specific individual.

Section C - Location of the Complaint/Concern and Information/Referral cases

Table 10 - Complaints/Concerns and Information/Referrals Associated with APs/LMEs

AP/LME	Complaints/ Concerns	Information and Referral	Total Type	% of Total
Alamance-Caswell	1	6	7	1%
Albemarle	9	9	18	2%
Catawba	3	7	10	1%
CenterPoint	10	25	35	3%
Crossroads	6	8	14	1%
Cumberland	7	29	36	4%
Durham	8	36	44	4%
Eastpointe	7	28	35	3%
Edgecombe-Nash/Wilson-Greene	5	15	20	2%
Five County	5	19	24	2%
Foothills	4	16	20	2%
Guilford	9	34	43	4%
Johnston	4	9	13	1%
Mecklenburg	6	49	55	5%
Neuse	2	10	12	1%
New River	2	12	14	1%
Onslow	6	16	22	2%
Orange-Person-Chatham	12	17	29	3%
Out of State	0	17	17	2%
Pathways	6	31	37	4%
Piedmont	8	33	41	4%
Pitt	0	12	12	1%
Roanoke-Chowan	0	9	9	1%
Rockingham	0	2	2	Less than 1%
Sandhills	11	29	40	4%
Smoky Mountain	4	10	14	1%
Southeastern Center	6	37	43	4%
Southeastern Regional	6	17	23	2%
Tideland	2	2	4	Less than 1%
Wake	16	87	103	10%
Western Highlands	13	45	58	6%
Anonymous	29	48	77	7%
N/A	23	98	121	12%
Grand Total	230	822	1052	100%
Total Minus Unspecified (N/A and Anonymous)	177	676	854	81%
Mean (Average)	6.97	24.91	31.88	3%
Median (Middle Score)	6	17	23	3%
Mode (Most Common)	6	17,9	14	1%

The Team tracks the AP/LME where communications originate. In many cases, callers do not specify their locality or the locality is not relevant. These calls are listed as “unspecified.” An important caveat: the data in Table 14 refer only to the residential area of the consumer whose issue was addressed by the CSCR team. Therefore, these data do not indicate complaints against APs/LMEs in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, APs/LMEs with a high volume should not be viewed critically. In fact, a high volume may indicate that consumers are aware of the complaint process and that the AP/LME provides a complaint system to help consumers address their concerns. Finally, the table lists AP/LME mergers that were being planned during the report period and thus is an evolving set of data.

A total of 230 Complaint/Concern and 822 Information/Referral cases were addressed between January and March 2006. Investigations were not included in this table and are discussed later in the report. The mean (average) number of Complaints/Concerns per AP/LME is 6.97 and the mean number of Information/Referral contacts per AP/LME is 24.91. The mean (average) percent of total cases per AP/LME was three percent. There are a large number of requests for information/referrals without a specified AP/LME as indicated in the N/A and Anonymous categories. Many of these cases were requests for information on general issues such as billing issues, state hospitalizations, provider requirements, local service agency contact numbers, etc.

Section D - Investigations

The DMH/DD/SAS receives complaints regarding a variety of issues such as allegations of client rights violations, funding, quality of care and provider choice violations. Complaints/allegations are reviewed to determine if an investigation is needed. An investigation may involve a single complaint or multiple allegations. Therefore, the lead investigator from the CSCR Team and the lead investigator from the Accountability Team collaborate to determine if the investigation will be conducted by the AP/LME, another agency or by the DMH/DD/SAS. For state level investigations, CSCR or Accountability will assume the lead. Other DHHS Divisions and additional DMH/DD/SAS teams will be involved as needed. An investigation remains pending until final reports are completed by the responsible parties.

Investigations involve detailed research, collecting and reviewing data/evidence, assessing information and writing reports. All DMH/DD/SAS investigations are logged into the CSCR database along with the total contact responses per case. Other DMH/DD/SAS team members have a substantial number of contacts per case that are not recorded in this database. The information content of the investigations is not included in this report. However, the status of investigations is reported.

Table 11– Total Active Investigations from January to March 2006

Status	Total	% of Total
New Cases Referred from January to March 2005	5	71%
Active Cases Referred Before January 2006	2	29%
Total	7	100%

Figure 7- Total Active Investigations from January to March 2006

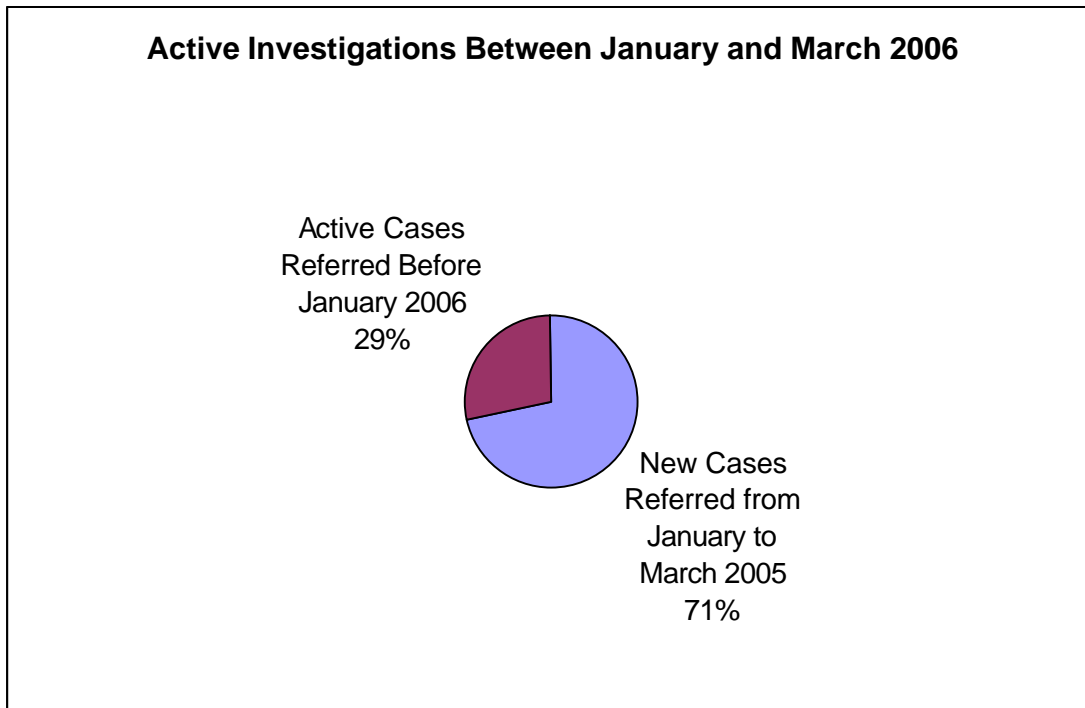


Table 11 and Figure 7 show the total number of active investigations (7) from January to March 2006. In this quarter, two investigations (29 percent) were initiated before January 2006. Five investigations (71 percent) were initiated from January to March 2006.

Table 12 - Investigation Status of Cases Active Between January and March 2006

Status	Total	% of Total
Complete	3	60%
Pending	2	40%
Total	5	100%

Figure 8 - Investigation Status of Cases Active Between January and March 2006

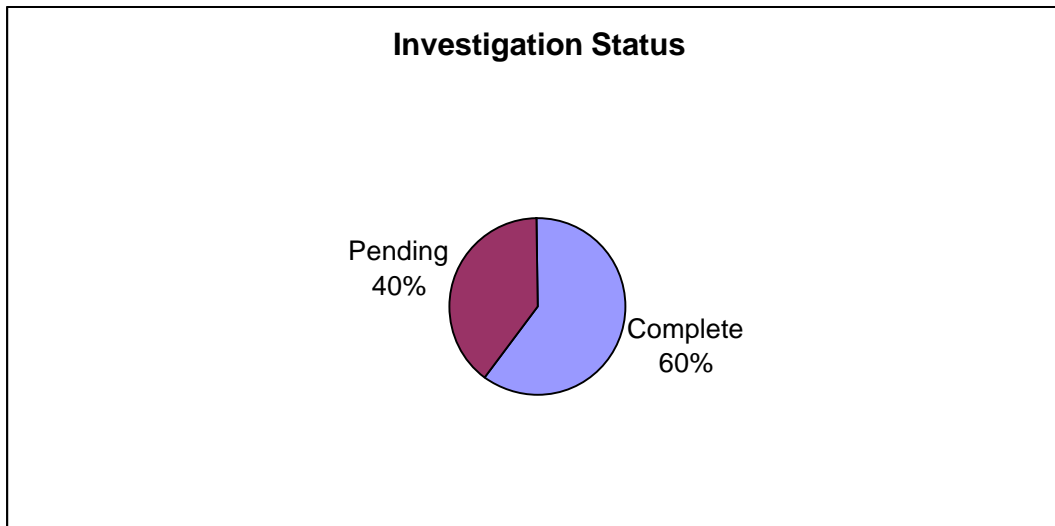


Table 12 and Figure 8 show the status of the investigations that were active during the January to March 2006 quarter. Of the five investigations, three investigations were closed during this period and two investigations are still pending. Many of the investigations remain open in order to allow time for a thorough investigation.

Table 13 - Referral Sources for Investigations Initiated From January to March 2006

Case Referral Source	Total	% of Total
Family/Friend	4	80%
Local MH/DD/SAS Staff	1	20%
Total	5	100%

Figure 9 - Referral Sources for Investigations Initiated From January to March 2006

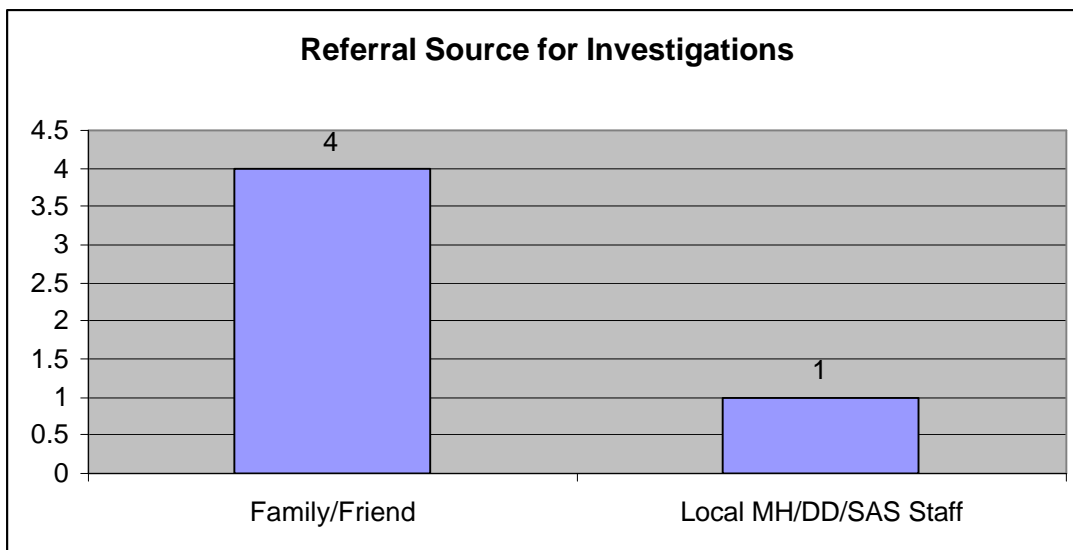
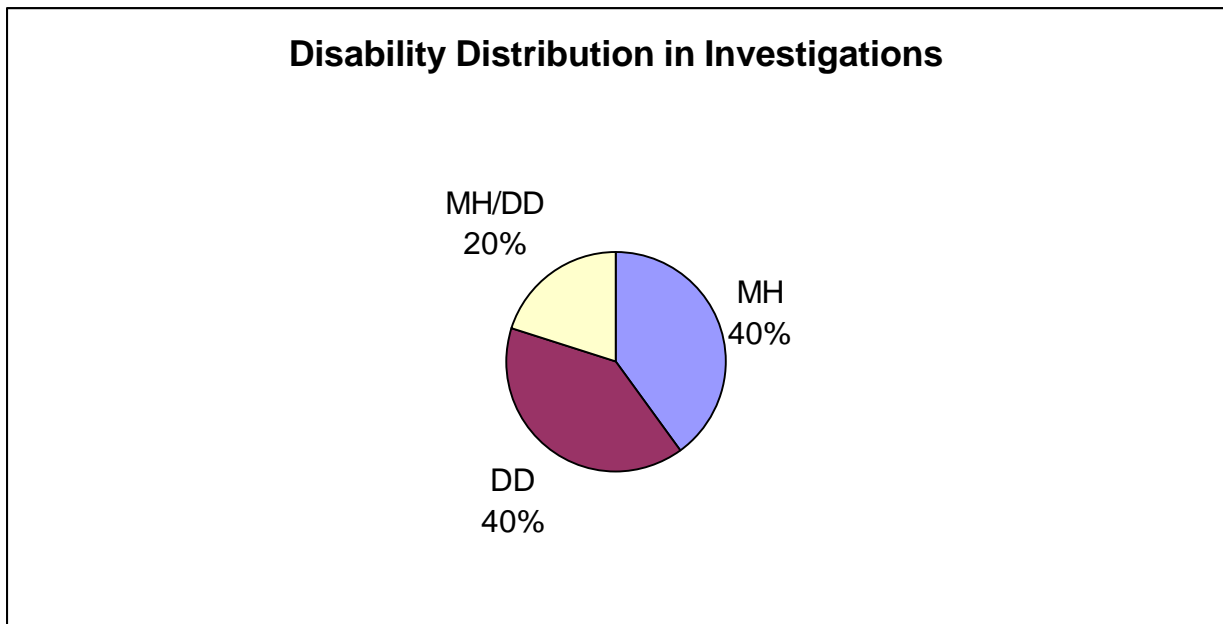


Table 13 and Figure 9 show the referral sources for the six investigations initiated between January and March 2006. Family and friends referred the majority of investigations with four (80 percent) of the cases. A single case (20 percent) was referred by local MH/DD/SAS staff.

Table 14 - Disability Distribution of Investigations Initiated From January to March 2006

Disability	Total	% of Total
MH	2	40%
DD	2	40%
MH/DD	1	20%
Total	5	100%

Figure 10 - Disability Distribution of Investigations Initiated From January to March 2006



Disability Type Representation: Table 14 and Figure 10 show disability groups that were represented in the five investigations. Consumers with mental health services and consumers with developmental disabilities each represented two (40 percent) cases. A single case (20%) involved a consumer with a dual diagnosis of mental health and developmental disabilities.

CUSTOMER SERVICE AND COMMUNITY RIGHTS TEAM

CURRENT DEVELOPMENTS

- 1) The volume of total new cases filed to the DMH/DD/SAS Customer Service and Community Rights Team is increasing significantly. Cases are addressed quickly through DMH/DD/SAS and/or APs/LMEs. Investigations and provider monitorings are quickly initiated in collaboration with other investigative agencies, such as APs/LMEs, Division of Facility Services and local Departments of Social Services.
- 2) The majority of investigations were referred by family and friends and involved multiple issues. As a result, the majority of cases require a significant amount of time and collaboration between many agencies.
- 3) The Quarterly Complaint Report has been developed collaboratively with LME representatives and the DMH/DD/SAS Quality Management Team. This report will provide comparison information on complaints across the State and will be used for quality improvement processes. Communication Bulletin #56 documents were revised based on comments made during the public comment period.
- 4) The training curriculum for AP/LME Customer Service and Consumer Affairs offices is currently in final editing stage and has been revised based on comments from consumers, families and LME staff. This curriculum will be available on CD and can be used as a training tool for Customer Service and Consumer Affairs office staff, LME staff, providers, Client Rights Committees, Consumer and Family Advisory Committees, Governing Boards, consumers, family members and any other persons interested in consumer rights and empowerment issues.
- 5) The DMH/DD/SAS Customer Service and Community Rights Team is available to work with APs/LME in providing technical assistance to Customer Service offices and Client Rights Committees regarding the Policy for Consumer Complaints to an Area/County Program or any other functions of the Customer Service and Consumer Affairs offices.